

FILED JAN 27 1955

# STANDARD CERTIFICATE OF DEATH

State File No. 502

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Carter</u> <u>0180</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>				
b. CITY OR TOWN <u>Van Buren</u>		c. LENGTH OF STAY (in this place) <u>6 yr</u>		c. CITY OR TOWN <u>Van Buren</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Delway</u> <u>0180</u>				
3. NAME OF DECEASED (Type or Print) <u>OSCAR</u>			a. (First)		b. (Middle) <u>MARVIN</u>		c. (Last) <u>FRAZIER</u>	
4. DATE OF DEATH <u>JAN 16 1955</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 21 1892</u>		9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR: Days <u>5</u> Hours <u>25</u> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mercantile</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter Co. Van Buren</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN J. FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>Artimesa Kelly</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH FRAZIER</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>SARAH FRAZIER, VAN BUREN MO</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic arterial Hypertension 3 yrs</u>						
		DUE TO (c) <u>and Chronic Myocarditis</u>				<u>1 year</u>		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20: AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Dec 9</u> , 19 <u>46</u> , to <u>JAN 16</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 16</u> , 19 <u>55</u> and that death occurred at <u>5:45P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Frank J. Pucinski, D.O.</u> (Degree or title)				23b. ADDRESS <u>Van Buren Mo</u>		23c. DATE SIGNED <u>1-24-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Jan 25-55</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Newson</u>		50-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chaman McSproun</u> ADDRESS <u>Van Buren, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Allen C. McGovern*

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.